

**FELINE DISEASE RISK ASSESSMENT FORM**

Date: \_\_\_\_\_ Pet's Name: \_\_\_\_\_  
Client Name/Number: \_\_\_\_\_ Pet's Birthday: \_\_\_\_\_

1. Do you use a heartworm preventive? Y / N  
a. If yes, list type: \_\_\_\_\_, Date last administered: \_\_\_\_\_
2. Do you use a flea/tick prevention? Y / N  
a. If yes, list type: \_\_\_\_\_, Date last administered: \_\_\_\_\_  
b. Have you seen fleas or ticks on your pet? Y / N
3. Would you like for your pet to receive vaccines with 3 year protection (instead of 1 year protection), if the doctor deems appropriate? Y / N
4. We highly recommend yearly lab work to determine your pet's overall health and internal organ function. Would you like for these important tests to be performed, if the doctor deems appropriate? Y / N
5. Do you have other pets? Y / N  
a. If yes, how many? Number of Dogs \_\_\_\_\_ Number of cats \_\_\_\_\_  
b. Are all pets currently vaccinated and on heartworm and flea preventive? Y / N
6. What best describes the amount of time your pet spends outdoors?  
a. Daily under supervision    b. 50:50 Indoor/Outdoor  
c. Outdoor only                    d. Indoor only
7. Check if your pet does any of the following:  
a. Board/Groom    b. Travel with you    c. In contact with neighborhood cats
8. What brand of food do you feed your pet? \_\_\_\_\_. How much and how often? \_\_\_\_\_
9. Do you provide any dental care for your pet? Y / N
10. Have you noticed any lumps or bumps on your pet? Y / N
11. Have you noticed any skin/coat problems on your pet? Y / N
12. Does your pet ever go outside unsupervised, on a porch (screened or unscreened), or yard (fenced or unfenced)? Y / N
13. Is there wildlife in your area: mice, squirrels, raccoons, birds, possums, deer? Y / N
14. Please list all current medications.
15. Please list any other health issues you would like to discuss with the veterinarian.